HIGH KICK & HIP HOP CHAMPIONSHIP

COLLEGIATE FORM

Registration due OCTOBER 17, 2014

Please complete one registration form ***per team.***
A confirmation packet will be sent to you via email upon receipt of payment and completed form.

School / Team Name: _____

Announced as "_____"

Advisor / Coach: _____

One free event tee will be given per team for the coach. Additional shirts may be pre-ordered or purchased at the event.
Shirt size: (adult sizes): ☐ Small ☐ Medium ☐ Large

Mailing Address:_____

City: _____Zip: _____

Home Phone: (_____)_____ Alternate Phone: (_____)_____

Coach Email (required) _____

Additional email(s) to send confirmation to: _____

_____

OUR TEAM IS:

☐ Collegiate

WE WILL COMPETE IN THE FOLLOWING CATEGORIES:

☐ High Kick Number of participants _____

☐ Hip Hop Number of participants _____

Categories will be divided into Small, Medium and Large divisions only when 10 or more teams enroll in a category.

MUSIC DETAILS WILL BE IN THE CONFIRMATION PACKET
OR REFER TO WWW.POMPON.COM FOR MORE INFORMATION

PAYMENT INFORMATION

Number of *Participants*

1st Category: _____ **X** $31.00 each member (CHECK) = $ 0.00

PLUS

Additional Category: Select One Option From The Dropdown + $ 0.00

TOTAL ENCLOSED: = $ 0.00

Card Holder:_____ Credit Card #_____-_____-_____-_____

Exp. Date_____/_____ Last 3 Digits on back of card: _____

Billing Address:_____ Zip Code:_____

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HIP HOP AND HIGH KICK CHAMPIONSHIP
COLLEGIATE REGISTRATION FORM 2014

Please list below all members participating in the competition. (PEN's) Forms need to be completed and submitted with registration or 2-weeks before the competition. PEN forms will be kept on file for 1 school year. PEN forms can be found on the home page at www.pompon.com.

Please list team member's name and the college that they are currently attending.

1. _____ **18.** _____
2. _____ **19.** _____
3. _____ **20.** _____
4. _____ **21.** _____
5. _____ **22.** _____
6. _____ **23.** _____
7. _____ **24.** _____
8. _____ **25.** _____
9. _____ **26.** _____
10. _____ **27.** _____
11. _____ **28.** _____
12. _____ **29.** _____
13. _____ **30.** _____
14. _____ **31.** _____
15. _____ **32.** _____
16. _____ **33.** _____
17. _____ **34.** _____

Coach's Name Printed: _____

Coach's Signature: _____

By signing above you are stating that all of the requirements of the collegiate program are being upheld by you and your team . You are assuring that the information above is complete and correct.

Send payment and completed registration form to:
Mid American Pompon
24425 Indoplex Circle - Farmington Hills, MI 48335
Phone: (248) 477-5248 - Fax: (248) 477-1133
www.pompon.com